

Respiratory Care Board of California

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EMPLOYER MANDATORY REPORTING FORM

Pursuant to Business and Professions Code (B&PC) section 3758, any employer of a respiratory care practitioner shall report to the Respiratory Care Board (RCB) the suspension or termination for cause of any practitioner in their employ. Failure to make a report is punishable by an administrative fine of up to \$10,000 per violation. The reporting required herein shall not act as a waiver of confidentiality of medical records. The information reported or disclosed shall be kept confidential except as provided in subdivision (c) of Section 800 of the B&P, and shall not be subject to discovery in civil cases. In addition, pursuant to B&PC sections 2318, 3759 and Civil Code Section 43.8, no person shall incur any civil penalty as a result of making any report required.

REPORTING EMPLOYER INFORMATION

FULL NAME TITLE BUSINESS NAME BUSINESS ADDRESS TELEPHONE NUMBERS	Home: ()	Work: ()			
INFORMATION ON EMPLOYEE SUSPENDED OR TERMINATED						
FULL NAME RCP LICENSE NUMBER ADDRESS TELEPHONE NUMBERS	Home: ()	Work: ()			
REASON FOR THE SUSPENSION OR TERMINATION						
Please mark the box(es) that best describes the incident: ☐ Use of controlled substances or alcohol ☐ Unlawful sale of controlled substances or other prescription items ☐ Falsification of medical records ☐ Patient neglect, physical harm to a patient, or sexual contact with a patient ☐ Gross incompetence or negligence ☐ Theft from patients, other employees, or the employer ☐ Other (please describe):						
WITNESS INFORMATION						
If there were any witnesses to the incident, please provide the following information.						
WITNESS NAME:		WITNESS NAME:		WITNESS NAME:		
TITLE:		TITLE:		TITLE:		
PHONE #:		PHONE #:		PHONE #:		
BUSINESS:		BUSINESS:		BUSINESS:		
ADDRESS:		ADDRESS:		ADDRESS:		

LOCATION AND DATE OF INCIDENT						
LOCATION OF INCIDENT	□ Hospital □ I	lome □ Other				
ADDRESS OF INCIDENT						
DATE(S) OF INCIDENT						
DESCRIPTION OF INCIDENT						
INCIDENT DEDODTED TO OTHER ENTITIES						
INCIDENT REPORTED TO OTHER ENTITIES Was the incident reported to any other entity? If yes, provide name, phone number, date reported, and action taken.						
NAME:	o any other entity: Tryes, provi	NAME:	ate reported, and action taken.			
PHONE #:		PHONE #:				
DATE REPORTED:		DATE REPORTED:				
ACTION TAKEN:		ACTION TAKEN:				
	<u> </u>	A OLUMENTO				
ATTACHMENTS						
_	applicable documentation*:	ON (DDUO/A) O	OUGL TEST RESULTS			
	GARDING SUSPENSION/TERMINATI ICALLY ALL PERFORMANCE RELAT		OHOL TEST RESULTS E DUTY STATEMENT			
✓ WORK SCHEDULE/ASSIGN	MENT SHEETS FOR DAY(S) OF INCI	DENT ✓ ANY OTHE	R DOCUMENTS SUPPORTING ALLEGATIONS			
* Statutory requirements for mandatory reporting are not deemed complete until all pertinent and applicable information requested is received by the RCB. Additional documentation may be requested.						
I hereby certify that the foregoing statements are true and correct and any documents attached are true copies.						
I am aware that if any statements made by me are willingly false, I am subject to punishment.						
Signature			Date			